

CLAIMS ONLY

Application Number

Filing Date

- Applicant(s) -

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1				
3						
4						
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8						
9	1		1			
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50						
Total Indep	3		3			
Total Depend	17		17			
Total Claims	20		20			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						